| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155720 | A. BUILDING _____ B. WING _____ | C 03/18/2013 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **PROVIDENCE HOME HEALTH CARE CENTER** | **520 W 9TH ST JASPER, IN 47546** |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 000 | INITIAL COMMENTS | F 000 | | |

This visit was for the Investigation of Complaint IN00124437.

This visit was in conjunction with the the Post Survey Revisit (PSR) to the investigation of Complaint IN00123384 completed on 2/4/13, which resulted in an extended survey-immediate jeopardy.

This visit was also in conjunction with a Post Survey Revisit (PSR) to the Recertification and State Licensure completed on 1/23/13.

Complaint IN00124437-Substantiated. No deficiencies related to the allegations are cited.

Survey dates: March 14, 15, and 18, 2013

Facility number: 000315
Provider number: 155720
AIM number: 100289030

Survey team: Terri Walters RN TC
Martha Saull RN
Dorothy Watts RN

Census bed type:
SNF/NF: 52
total: 52

Census payor type:
Medicare: 3
Medicaid: 39
Other:10
total: 52

Providence Home Health Care Center was found

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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|---|---|---|---|---|
| F 000 | Continued From page 1<br>to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2 in regard to the Investigation of Complaint IN00124437. | F 000 | | |